## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	-67															***************************************	
1. Name and Mailing Address LOGAN TELEI PO BOX 97 AUBURN KY	of Re	NE CO	OOPERA	ATIVE I	NC.	**************************************						4 1		is a	eck here if this change of ress.		
2. Year Report Filed $2019$	Period (Endi overed by Rep 2/19	ing Date of Pa port)	ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a.    Fewer than 16 (complete Sections I, IV, and V only) b.    16 or more (complete all sections)												
SECTION II - Full-Time Emp	oyces	i,									· · ·						
		Number of Employees (Report employees in only one category)															
Job Categories		Race/Ethnicity															
			anic or tino	Not-Hispanic or Latino													
				Male							Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Błack or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	E	F	G	н	1	J	к	L	м	N	0	
Executive/Senior Level Officials and Managers	1.1			4						2						6	
First/Mid-Level Officials and Managers	1.2			1						1						2	
Professionals	2			2						1	1					4	
Technicians	3			12						1						13	
Sales Workers	4			1						2						3	
Administrative Support Workers	5									3						3	
Craft Workers	6														:	0	
Operatives	7							:								0	
Laborers and Helpers	8															0	
Service Workers	9								-							0	
TOTAL	10	0	0	20	0	0	0	0	0	10	1	0	0	0	0	31	
PREVIOUS YEAR TOTAL	11															0	

SECTION III - Part-Time Emple	oyees.						Num	her of Emple									
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	Hispanic or Latino		Not-Hispanic or Latino														
					M	ale				Female							
	Mate	Female	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N		
	A	В	С	D	£	F	G	н	1	J	к	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9								1						1		
TOTAL	10 0	0	0	0	0	0	0	0	1	0	0	0	0	0	1		
PREVIOUS YEAR TOTAL	11														0		
SECTION IV - Report of Discri	mination Comp	olaints Pursua	ant to 47 CF	R 22.321, 23.	55, 90.168, 10 <sup>-</sup>	1.4, and 101	1.311.		····								
This is to advise th company before ar	ny body having o	competent juris	sdiction in su	ch matters du	ring the calend	ar year cove	ered by this rep	ort.				_					
This is to advise th (Attach a list indica																	
SECTION V - Certification I certify that to the best of my kn	owledge, inform	nation, and bel	lief, all statem	ents in this re	port are true a	nd correct.											
Date 1	yped or Printed	Name of Pers	son Signing			Signature	Ribecca Johnso						Telephone No.				
	REBECC	A JOHN	ISON								(270) 542-5228						
Title of Person Signing HUMAN RESOUR	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											EVOCATION					